



# SIMPLIFIED REPORT OF INSPECTION

Note: Not to be used for RAV >24m, or 1B DCV

Australian Maritime Safety Authority, GPO Box 2181, CANBERRA ACT 2601 AUSTRALIA.

Contact: Local AMSA Office – Telephone  Facsimile  Email

Name of vessel  Class of vessel  Call sign  IMO or Official No.

Unique Identifier  Gross tonnage  Date of inspection  Place of inspection

Vessel Standard / Classification Society (if applicable)  Measured length  Operator

Person in Charge or Representative  Signature

	Certificate title	Issuing authority	Issue date	Expiry date
1			DD / MM /20 YY	DD / MM /20 YY
2			DD / MM /20 YY	DD / MM /20 YY
			DD / MM /20 YY	DD / MM /20 YY
			DD / MM /20 YY	DD / MM /20 YY
			DD / MM /20 YY	DD / MM /20 YY
			DD / MM /20 YY	DD / MM /20 YY
			DD / MM /20 YY	DD / MM /20 YY

Date of Survey (when no certificates) Notes/Comments:

DEF		Nature of deficiency	Action code
No	Code		

- Deficiency action codes<sup>4</sup>**
- 10 deficiency rectified
  - 15 rectify deficiency at next port
  - 16 rectify deficiency within 14 days
  - 17 rectify deficiency before departure
  - 18 rectify deficiency within 3 months
  - 30 detainable deficiency (vessel detained)
  - 99 other

This inspection was not a full survey and deficiencies listed may not be exhaustive. It is issued solely for the purpose of informing the master and Operator. It cannot be construed as a seaworthiness certificate.

Applicable Deficiency Action Codes to be entered.

<sup>4</sup> Action codes noted on this form

Name (Maritime Safety Inspector)  Please tick if External Marine Inspector

Signature

**THIS REPORT MUST BE RETAINED FOR A PERIOD OF TWO YEARS AND MUST BE AVAILABLE FOR CONSULTATION BY MARINE SAFETY INSPECTORS**

Any additional Observations and Deficiencies on a separate referenced SV-CC